



Arizona Department of Health Services

**CLINICAL FELLOWSHIP AGREEMENT
 AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
 (For Completion of Clinical Fellowship Year)**

A.R.S. § 36-1905 requires that a sponsor:

1. Directly train and supervise a temporary licensee,
2. May not sponsor more than two temporary licensees at one time, and
3. Is equally liable with the trainee for violations of law and rule during the training activities of the Clinical Fellow.

CLINICAL FELLOW INFORMATION:

Name:		
Home Address:		
City:	State:	Zip Code:
Telephone: ()	E-Mail:	

SUPERVISOR INFORMATION:

Name:		
Business Address:		
City:	State:	Zip Code:
Telephone: ()	E-Mail:	
Valid Arizona Audiology or Speech-Language Pathology License Number:		

CLINICAL FELLOWSHIP SITE:

Business Name:		
Address:		
City:	State:	Zip Code:
Telephone: ()	E-Mail:	

AGREEMENT

I agree to train and supervise _____ under a Clinical Fellowship agreement. I agree to Complete a minimum of 36 supervisory activities, including at least 18 monitoring activities, and 18 onsite observations with no more than 6 onsite observations in 24 hours. I will submit a copy of the clinical fellowship report to the Department within 30 days of completion of the clinical fellowship. I will provide the Department and the clinical fellow written notice of termination within 72 hours of terminating the clinical fellowship when terminated before the completion of the clinical fellowship. During this clinical fellowship period I will assume equal liability for the applicant's fellowship activities as required in A.R.S. § 36-1905. I hold a valid Arizona Audiology or Speech-Language Pathology license and I understand that I cannot sponsor more than two people at one time.

Sponsor's Signature

Date

Mail Completed Clinical Fellowship Agreement, Along With A Completed License Application And All Required Documentation And Fees To:

Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, Suite 460
Phoenix, AZ 85007